

FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS (SAP) APPEAL FORM

Your Financial Aid has been terminated. Please review our Satisfactory Academic Progress Policy, which can be found on our website or at the financial aid office. Students may appeal their financial aid termination status when unusual circumstances beyond their control contributed to their failure to achieve satisfactory academic progress.

SECTION A: Student & Termination Information (Please Print)							
Name	:		*Student ID Number IS REQUIRED BELOW*				
Phone	e Number:		Student ID Number:				
Quart	er & year that <u>resulted in t</u>	ermination of Fir	nancial Aid - Quarter:		Year:		
I am requesting reinstatement for: (Check One)							
☐ Fal	I ☐ Winter	☐ Spring	☐ Summer	Year: 20			
Please read and follow all instructions carefully. Incomplete appeals will be denied due to insufficient evidence.							
APPEAL PROCEDURE							
1.	1. Complete by using the back of this form, or a separate sheet of paper. Write a <u>detailed letter</u> explaining the circumstances beyond your control that contributed to your unsatisfactory progress, and the steps you will take to prevent a reoccurrence. Your letter should address						

- each of the following issues:
 What happened? Be specific. Give as much detail as needed to clearly explain your situation.
 - If it was a specific event or condition, what were the dates of the occurrence?
 - Identify actions you have taken to ensure academic success in the future.
 (e.g., adjusting credits to a more appropriate load, taking a quarter off to heal, or to improve situation, etc.)
 - Provide any relevant supporting documentation. This may include such things as a note from a doctor, medical records, court documents, obituaries, etc.
- 2. If you have an advocate, professional counselor or physician who can confirm your condition or situation, please have them send the letter directly to the Financial Aid Office. In the letter they should also address the likelihood of reoccurrence.
- 3. Sign below and submit with your letter and documentation to: Wenatchee Valley College Financial Aid Office, 1300 Fifth Street, Wenatchee WA 98801 or FAX: 509-682-6811.
- 4. Responses to your appeal will be emailed to your WVC student email.

Student Signature:	Date:		
SECTION BELOW FO	OR OFFICE USE ONLY		
Approved/Reinstated	Denied	Not Needed	

Financial Aid Staff Notes:

SECTION B: EXPLANATION OF **CIRCUMSTANCES**

Address each item. Explain the circumstances beyond your control that contributed to your Unsatisfactory Progress AND <u>steps you have taken or will take to prevent a reoccurrence</u>.

Attach a separate sheet of paper as necessary.

1) What happened? When did it happen? Be specific. Describe in detail the situation that occurred, including how it affected your academic performance.
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2) Identify appoific actions you have taken to encure academic avecage in the future
2) Identify specific actions you have taken to ensure academic success in the future.
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SECTION C: Supporting Documentation (Optional) Note: If the committee requires further documentation you will be notified via student email
Please check the box below <u>IF</u> you have pending documents that are not attached.
Pending documents are being sent directly to Financial Aid. <u>I understand the appeal will not be processed until documents are received</u> .
 Please state the type of document being sent:
Date sent or will be sent: